

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

APPLICANT(S)

09/455266

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-------|----------|------|------------------------|------|------------------------|------|
| | INO. | DEF. | INO. | DEF. | INO. | DEF. |
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| | INO. | | DEF. | | INO. | | DEF. | |
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BEST AVAILABLE COPY